

Cycle One RFP 2 Questions from Industry - RFP Miscellaneous			
ID	Section	Question	Answer/Action
MISC2	Medicare Business Partners Systems Security Manual; Section 1.1	Regarding Section 912 Audits, will CMS provide audit standards to the MAC Contractor and the audit team? Additionally, will CMS require final reports of Section 912 Audits prior to the start of processing claims? Related to that, can CMS confirm that it is acceptable to complete the corrective action after the start of processing claims but within 90 days?	Prior to conducting a Section 912 Evaluation, auditees are provided with the scope of the audit and the items that will be evaluated. Section 912 Evaluations must be conducted prior to the processing of Medicare claims. The level of risk identified during a Section 912 evaluation will determine whether or not a MAC can begin processing Medicare claims.
MISC4	Section C	In reviewing the document, we noticed that there were provisions for Medicare FFS, Managed Care, what about processing levels for Prospective Payment Systems such as DRG, APC, DCG...etc...	All Prospective Payment Systems are included in references to Fee-For-Service.

Cycle One RFP 2 Questions from Industry - RFP Attachments			
ID	Section	Question	Answer/Action
A1	Attachment J-2 C.6 Interface Requirements for Statement of Work C.6.1.2.1 Supply of Appeals Case Files	<p>The Deliverables listing requests an electronic report detailing case files be forwarded to the QIC. The requested information must be supplied in the following categories:</p> <ul style="list-style-type: none"> • Number of requests from the QIC for redetermination case files (in cases and claims) • Number forwarded to the QIC in 1 – 5 days, in 6 – 10 days, more than 10 days, average time to forward redetermination case files • Number of requests pending. <p>The CMS 2592 report compiles this information but with different timeframes. The 2592 report categories are as follows:</p> <ul style="list-style-type: none"> • Number of requests from QIC for case files (line 34) • Number of case files forwarded to QIC (line 35) • Number forwarded in 5 – 7 days (line 36) • Number forwarded in over 7 days (line 37) • Average time to forward (line 38) • Pending case file requests (line 39) <p>We would like to suggest the Deliverable be changed to parallel the CMS 2592 reporting categories.</p>	The 2592 is already a reporting requirement. The deliverable gives information that cannot be obtained from the 2592 or 2590/2591.
A2	Attachment J-6 5.8.7 Electronic Funds Transfer	Please clarify that this section does not include solicitation for a full Provider Enrollment 855 form, as outlined in Pub. 100-8, Chapter 10 of the Program Integrity Manual.	This section pertains solely to obtaining new EFT forms (CMS-588); not provider enrollment.
A5	Attachment J-20 Government Furnished Property	Attachment J-1 Statement of Work, Section C.5.3.1.1 (Local Hardware and Software Requirements) requires the Contractor to distribute the free/low cost Medicare billing software, MREP, and 835 print software. Will PC-ACE (for Part A claims submission), PC-Print (for Part A 835 printing) PC-Print, and MREP (for Part B 835 printing) continue to be provided to MACs (as government furnished property) for distribution to providers? PC-ACE, PC-Print, and MREP are not listed on the Government Furnished Property List.	<p>CMS currently has contractual vehicles for three of the four components. The two remittance advice packages (MREP and PC-Print) have been added to the Government Furnished Property list (See amendment 000003). In the current legacy environment, the Carriers are responsible for the free/low cost billing software. Further, IOM Pub. 100-04, Chapter 24, section 60.5 has the following note:</p> <p><i>NOTE: The free-billing software distributed by Fiscal Intermediaries (FIs) is maintained by the shared system maintainer. FIs are responsible for testing and distribution of that software only. There is not a similar common source of free billing software or maintenance for the Carriers, but Carriers are encouraged to contact HGSA, the Pennsylvania Carrier, to obtain a copy of the proprietary software developed by that carrier with Federal funds. HGSA has agreed to share that software with other Carriers in return for payment of a pro-rata share of the costs that HGSA incurs to distribute and maintain that software.</i></p> <p>Regarding PC-ACE, the A/B MAC is responsible for furnishing Part B free/low cost billing solution and should formulate their bid accordingly. If an offeror wishes to get the base software from the HGSA organization, it would be up to them to secure that software in order to meet the requirement or formulate their own solution to meet the requirement.</p>

ID	Section	Question	Answer/Action
A6	Attachment J-21 Contractor Furnished Property	Attachment J-1 Statement of Work, Section C.5.3.2.2.1 (Initial Edits) requires the Contractor to implement either the X12N 824 transaction or other standard error report- to report errors to EDI billers. An edit report/module is not listed in the Contractor Furnished Property List. Are Contractors required to provide this or will the shared system editor modules be available to Contractors?	CMS will not provide any component of the shared systems (FISS or MCS) for any reason other than the normal operation (daily, weekly monthly etc.) of the specific system. Offerors should formulate their responses to this RFP to accommodate this requirement.
A7	Attachment J-21 Contractor Furnished Property	Attachment J-1 Statement of Work, Section C.5.3.2.3 (Electronic Data Interchange Helpdesk) requires the Contractor to use a centralized problem database to document problems; however, this database is not included on the Contractor Furnished Property List. Are Contractors required to provide this or will it be provided by the EDC?	Yes, the contractor is responsible for meeting this requirement. The EDC is not providing a centralized database for EDI Helpdesk functionality. Offerors should formulate their response to this RFP to accommodate this requirement.
A8	Attachment J-21 Contractor Furnished Property	Does Attachment J-21 (Contractor-Furnished Property) represent the only items that will be supplied by the Contractor in terms of those mentioned throughout the RFP? Please advise.	CMS has provided this list as a guide (Attachment J-21). However, it is not meant to be all inclusive.
A10	Attachment J-29 CLIN 0002 Template	In several instances, the worksheet section name does not correspond to the information contained in the work sheet. For example: SLIN 0002AD, TAB C.5.14.2, also contains columns for C.5.14.1, C.5.14.2, C.5.14.3, etc. Another example is that TAB C.5.7-4 actually contains a column for C.5.7-1 but not a column for C.5.7-4. Please clarify.	In the tab name C.5.14-2, the "2" shows that it is the 2nd worksheet for C.5.14 in the workbook. As shown at the left top portion of the worksheet, the template is for C.5.14. This explanation pertains to any other sheet with "-2" at the end.
A11	Attachment J-31 Cost Proposal Instructions	Section L.15.4 states that the detailed supporting data for the ODCs should be submitted on a separate schedule (J.31) Yet J.31 appears to be instructions, not a schedule. Please clarify.	See amendment no. 000003 - Section L.15.4 references attachment J-32.
A12	Attachment J-29 CLIN 0002 Template	The worksheet section name is different than the columns in worksheet itself. For ex: SLIN 0002AD, TAB C.5.14.2, when you open that worksheet there are C.5.14.1, C.5.14.2, C.5.14.3, etc. Should we submit pricing at the C.5.14.2 level or break our bid down by all sections within that TAB?	In the tab name C.5.14-2, the "2" shows that it is the 2nd worksheet for C.5.14 in the workbook. As shown at the left top portion of the worksheet, the template is for C.5.14. This explanation pertains to any other sheet with "-2" at the end.

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B4	B.6	Will Task Directives under this paragraph be limited to those within the scope of the A/B MAC Contract and the expected capabilities of the Contractor under that Contract?	Task Directives may be used to perform "Special Projects" with specifically defined scopes and schedules per ARTICLE B.6. These special projects will fall within the general scope of the contract. The Contractor will be expected to possess or acquire the necessary skills to perform all work under the contract.

Cycle One RFP 2 Questions from Industry - Section C			
ID	Section	Question	Answer/Action
C1	C.5.1.8 Consolidation of Part A and Part B Edits	This section instructs the contractor to "consolidate the existing shared system edits of the outgoing contractors so that they are the same for the entire jurisdiction. This includes Local Coverage Determinations (LCDs) and Fiscal Intermediary Standard System (FISS) reason codes. In consolidating the LCDs, the Contractor shall select the least restrictive LCD from the existing LCDs on a single topic. The Contractor shall not revise the LCDs until the consolidation process is final". 1. Is it the Contractor's obligation to look at previous policies when processing first level appeal cases? Is it the obligation to continue to look at previous policies when preparing case files that will be forwarded to the Qualified Independent Contractor (QIC)?	1. The MAC would need to review the item or service in light of the policy that was in effect at the time of the initial determination. If it happens that appeal requests are received where the previous contractor processed the claim and there is a relevant policy, the MAC would be responsible for performing the redetermination in accordance with that policy.
C2	C.5.3 Infrastructure Requirements	The subsections of C.5.3 of the SOW require the MAC to receive, acknowledge, control, translate, edit, and forward inbound EDI transactions from providers and their agents to the shared system for processing consideration and outbound EDI transactions from the shared system to the provider and their agents. Additionally, the MAC is required to distribute free/low cost Medicare software to providers, enroll providers for EDI, perform provider testing, provide an EDI Helpdesk, and conduct internal testing. CMS Change Request 5363, DUE April 2, 2007, requests shared system maintainers to conduct system analysis in preparation for a Standard Front-End with an expected implementation of changes during the July 2007 release. Please clarify the expected implementation timeframe for a Standard Front-End in light of the EDI requirements outlined in Section C.5.3. Will a Standard Front-End be implemented prior to, or in conjunction with, the award of jurisdictions 13?	At this time, CMS does not anticipate a Standard Front End to be available that will coincide with the Jurisdiction 13 award date. The offeror should formulate their response to the RFP assuming that no Standard Front End shall be available.
C3	C.5.3 Infrastructure Requirements	Will DI21/DI51 still be present in MCS and available to MACs to perform EDI pre-pass editing? If so, will it be controlled by the EDC or MAC? Please clarify.	CMS anticipates that these two jobs will be part of the shared system. All functionality in the shared system will be available to the MAC. MACs will be able to run these jobs in the Job Scheduling being run by the EDC if requested by the MAC.
C4	C.5.3.1.1 Local Hardware and Software Requirements	Will the contractor continue to receive free Part A billing software and 835 print software from the standard system maintainer?	Yes
C5	C.5.3.1.1 Local Hardware and Software Requirements	Does the translation/validation package have to be a COTS product? Typically, COTS translation software does not provide all the edits required here and does not typically provide user readable reports back to the submitter.	Yes
C9	C.5.3.2.1.5 Automated Clearing House transactions	This section requires the Contractor to monitor, track, and provide direction in response to Automated Clearing House (ACH) transactions for initial Electronic Funds Transfer (EFT). Please clarify if it is the MAC or EDC's responsibility to conduct the actual ACH EFT transmission to the bank.	The actual transmission job will be scheduled in the EDC at the request of the MAC.

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C10	C.5.3.2.1.6. Direct Data Entry Capability	This section requires the shared system and EDC to continue supporting direct data entry capability (DDE) where it previously existed. It also states that the screens must be compliant with the data requirements of the corresponding HIPAA transactions; however, it does not stipulate who is responsible for this task. Please clarify if the shared system, the EDC, or the MAC is responsible to ensure the screens are compliant and who is responsible to update the screens for compliance.	The content and maintenance updates of the Direct Data Entry (DDE) screens will be the responsibility of the shared system maintainer. The MAC shall be responsible for the review and confirmation of adhering to HIPAA requirements.
C11	C.5.3.2.2. Testing	This section requires Contractors to conduct EDI testing with new EDI submitters and EDI submitters using new HIPAA versions. The background states that Contractors are not required to individually test submitters using software that is new to it if it has been successfully used by other submitters in the past. Does this same background comment apply to testing EDI submitters using new HIPAA versions?	CMS suggests that, at a minimum, communication testing shall be performed in this situation. Allowing new submitters of EDI transactions using software already approved occurs in the current legacy Intermediary and Carrier environments.
C12	C.5.3.2.3 Electronic Data Interchange Help Desk	This section requires the Contractor to use a centralized problem database to document problems. Is this centralized database for the sole use of the MAC's EDI Helpdesk or does it need to be accessible and/or usable by the EDC Helpdesk?	CMS wishes to clarify the expectation as related to EDI Helpdesk activities. 1. CMS expects that the MAC will be the first point of contact for the provider community. This community includes the business associates the providers contract with to perform specific functionality on their behalf (e.g. EDI services). 2. CMS expects that the same EDI Helpdesk support activities currently operating in the current legacy Intermediary and Carrier environment shall continue for MACs. 3. CMS expects that the MAC shall staff an EDI Helpdesk. 4. CMS expects that the access of any resource be a role based/need to know configuration. Since the information contained in Helpdesk applications often contains Personnel Health Information (PHI), it is the MAC's responsibility to secure this data. Access would be determined based on the roles set up by the MAC. If EDI is outsourced to another data center, then the EDC would not have access.
C13	C.5.3.2.1 Telecommunications for Electronic Data Interchange	This section requires the MAC to interact with IACS to ensure the EDI submitter/receiver is an authorized submitter for each transaction. Will IACS generate an EDI Submitter Identification Number, Login ID, Password, and mailbox information? If IACS is used to generate this information, is it the MAC or enrolling EDI customer who completes the IACS request? If IACS is not used to generate this information, is the MAC required to enter the Submitter information into IACS as a central repository?	CMS is deploying the Individuals Authorized Access to CMS Computer Services (IACS) solution in order to grant access to resources and applications, (e.g. the 270/271 Eligibility Inquiry application hosted at the Baltimore data center). As A/B MAC contracts are moved to the Enterprise Data Centers (EDCs), IACS interfaces will be required to control access to resources. IACS will not replace the EDI Submitter Identification Numbers currently assigned by the legacy contractors for claims, claim status and remittance transactions. IACS will not generate Mailbox information.

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C15	C.5.3.2.2.1 Initial Edits	Will CMS permit any potential offeror to obtain and use the FISS and MCS pre-pass system logic that already performs the HIPAA, pre-screen, medical, and non-medical duplicate editing required in sections C.5.3.2.1.2 and C.5.3.2.2.1 of the Statement of Work?	CMS will not provide any component of the shared systems (FISS or MCS) for any reason other than the normal operation (daily, weekly monthly etc.) of the specific system.
C16	C.5.3.2.2.1 Initial Edits	This section requires the MAC to implement either the X12N 824 transaction or other standard error report to report errors to EDI billers. If the X12 824 Transaction (or other X12 report transaction) is not HIPAA-approved by award date, will the MAC be permitted to use the 824 (or other) transaction as the error report?	Yes
C17	C.5.3.2.2.1 Initial Edits	This section requires the MAC to implement either the X12N 824 transaction or other standard error report to report errors to EDI billers. Please define "other standard error report" for reporting application-level errors. Does this mean that the MAC must use a standard EDI transaction for the error report or that the Contractor may use a printable/readable report for the error report as long as the same report is used for the entire jurisdiction?	CMS defines "other standard error report" to be the Health Care Claim Acknowledgement 277 implementation guide as developed by ASC X12. The MAC is to use a standard EDI transaction for the error report.
C18	C.5.7.2.1 Telephone Inquiries C.5.7.2.2 Written Inquiries C.5.7.2.3 Provider Relations Research Specialists	Standard 1 states the "standard for Knowledge Skills". Specifically, Customer Service Skills and Privacy Act using the Quality Call Monitoring tool shall be no less than 93% (cumulative for the quarter)." However, the IOM, Pub. 100-09, Chapter 6, Section 60.2.6 indicates the standard is 90% for Privacy Act, Knowledge Skills, and Customer Skills measured quarterly. Please confirm which requirement is acceptable in the MAC environment.	The MAC standards are different than the manual standards. For purposes of this contract, when differences or conflicts occur, the SOW shall take precedence over the IOMs unless otherwise specified.
C19	C.5.7.2.1. Telephone Inquiries	Standard 3 indicates the quarterly average speed of answer (ASA) requirement is 60 seconds. The IOM, Pub. 100-09, Chapter 6, Section 60.2.4 indicates the quarterly average speed of answer (ASA) requirement is 120 seconds. Which requirement is to be used by the MAC?	The MAC standards are different than the manual standards. For purposes of this contract, when differences or conflicts occur, the SOW shall take precedence over the IOMs unless otherwise specified.
C20	C.5.7.2.3. Provider Relations Research Specialists	Standard 3 indicates that at least 95% of complex inquiries are answered within 45 business days with no more than 5% answered with interim responses. The IOM, Pub. 100-09, Chapter 6, Section 60.4 indicates the timeliness measurement for PRRS cases is 100% completed with 45 business days. Please confirm requirement for MAC.	The 2 standards are the same, simply expressed different ways. It is 95% are answered in final. No more than 5% are interim.
C21	C.5.8.1.1 Direct Data Entry Support	Section C.5.3.2.1.6 states that the shared system and the EDC will continue to support DDE where it previously existed. Section C.5.8.1.1 states the contractor shall provide connectivity for provider DDE capabilities and states that a standard front-end contractor will provide DDE capability. Please clarify.	See Amendment no.000003. CMS will correct the SOW. The term standard front end contractor is incorrect as referenced. The shared system for intermediaries (FISS) provides DDE screens for claims correction. The MAC will administer the provider telecommunication connection to the EDC where the DDE screens are installed.

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C25	C.5.10.1.4 Misdirected Redetermination Requests	Standard 1 for misdirected redetermination requests states they "are considered timely when they are forwarded to the appropriate Medicare Administrative Contractor (MAC) or other Adjudicator within five (5) calendar days of receipt." The IOM 100-4, Chapter 29 for Appeals does not reference misdirected appeal requests. In addition, the CMS 2592 Report does not capture timeliness for misdirected redetermination requests. Please clarify.	MACs should follow the timeframe in the SOW. The SOW has been updated to provide guidance regarding the tracking and reporting requirements for misdirected redeterminations. See amendment no. 000003.
C26	C.5.10.3 Monthly Statistical Report on Appeals Activity	The instruction states the contract shall prepare and submit to CMS a report summarizing monthly appeals. This report contains information regarding clerical error reopenings but does not contain information on non-clerical error reopenings. This workload is reported on the CMS 2590/2591 reports. Will the CMS 2590/2591 report be required under the MAC?	Yes. MACs will report data on the CMS 2590/2591. See amendment no. 000003.
C27	C.6.1.2.1 Supply of Appeals Case Files	This subsection states the "contractor shall supply the QIC all appeals case file information within five (5) calendar days of request." IOM Pub 100-4, Chapter 29, Section 320.4 indicates the appeal case file should be forwarded to the Qualified Independent Contractor within seven (7) calendar days of the date of the QIC request. Please clarify the correct timeframe to follow.	The timeframe is 5 calendar days for MACs.
C28	C.6.1.2.2 Misrouted Request for Reconsideration	This subsection states "if the Contractor is the servicing MAC, the Contractor shall forward the reconsideration request along with the appropriate redetermination case file documentation to the servicing QIC within five (5) calendar days." The IOM Pub 100-4, Chapter 29, Section 320.1 states the Contractor should forward the misdirected reconsideration along with the appropriate redetermination case file to the QIC within 14 calendar days of receipt in the corporate mailroom. Please clarify timeframes.	The timeframe is 5 calendar days for MACs.
C29	C.6.2.2.2 Search Warrants	Please identify the name and telephone number of the CMS Compliance Officer for J13.	William Heffron is the CMS Compliance Officer for all of the MAC jurisdictions. He can be reached at 4100.786.5141.
C30	C.6.2.7 Infrastructure Service Providers	Please define 'infrastructure service providers'. Who is this referring to in this section?	Infrastructure service providers refer to those entities with whom a MAC will need to coordinate in order to meet the infrastructure requirements of this contract. See section C.5.3 of the SOW for further information.
C31	C.8.1 Appendix A: Fee-for-Service Shared System Base Functions	The "EMC" section indicates that the shared system will perform pre-pass editing and reporting and that MCS will accept X12 4010 and perform translation, which contradicts the requirements in section C.5.3. Please clarify which requirements are correct: C.5.3.1 or Appendix A. Is the Contractor or the shared system required to perform pre-pass editing, reporting, and translation?	See Amendment no.000003. Neither the FISS nor the MCS shared system contain software to perform the translation to/from flat file format or ASC X12 formats.
C32	C.8.1 Appendix A: Fee-for-Service Shared System Base Functions	The "EDI" section indicates that the shared system will create ERA in one of the CMS-mandated formats. The SOW requires the Contractor to create the ERA by translating the remittance data provided by the shared system in the CMS Flat File Format to the X12 format. Please clarify if this means the shared system will provide the ERA in the X12 835 format or the CMS Flat File Format.	The shared system will continue to create the CMS defined flat files. The MAC shall be responsible for the translation service associated with the creation of the ASC X12 format 835 remittance advice.

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C33	C.5.3.2.1.2 Transaction Error Reporting	Is CMS planning to mandate the 999 Implementation Acknowledgement and the 277 Claim Acknowledgement transactions prior to the J1 live date? Will the contractor be required to support the 999 and 277 Acknowledgement transactions in addition to the current 997 Acknowledgement transaction and the base Error Summary Report ?	CMS does not anticipate mandating the new transactions prior to the award date.
C34	C.8.1 Appendix A: Fee-for-Service Shared System Base Functions	Will CMS allow the A/B MAC to directly contract with the EDC to support the creation of non-base interfaces and execution of these programs. Yes/No. If the answer is No, are the MAC's required to have their own hosting environment for Non-Base interfaces?	Yes the A/B MAC can directly contract with the corporation(s) holding EDC contracts to support non-base interfaces and execution of these programs. The direct contract between the AB MAC and the corporation(s) holding the EDC contract will not be related to the content of the contractual arrangement between CMS and its EDC contractors.
C36	C.5.3.1.1.1 COTS	Does the word "single" in the first sentence indicate that one software package for translation is specific to the translation of Part A and Part B claims together, or can there be a single translation COTS package for the A claims and also a single translation COTS package for the B claims?	Offerors are responsible for proposing a solution they determine best meets the government's requirements. This includes costing for all components.
C38	C.7.4 Rural Community Hospital Demonstration	The RFP indicates that there are up to 15 providers in the rural hospital demo. Please clarify how many will be assigned to J1 and J2 so costing may be done in a more accurate manner.	IOM Pub 100-19 is the Demonstration Manual, which houses the demonstrations that are not required to be manualized at this point. A list of the hospitals participating in the Rural Community Hospital Demonstration (CR 3707) can be found in the IOM Pub. 100-19 Table of Contents.
C39	C.5.4.1.10 Contract Administrator	RFP Section J1 SOW C 5.4.1.10 States that the Contract Administrator must be dedicated to the Medicare line(s) of business and is not required to be fully dedicated to the A/B MAC contract. Would the CMS consider deleting the dedicated to Medicare line of business, but rather require the Contract Administrator to be dedicated to the A/B contract?	At this time, the requirement remains as stated in the SOW.
C40	C.5.3.1.1 Local Hardware and Software Requirements	Requirement states the contractor shall ensure plans are in place to migrate the EDI submitters to one free billing software package. Is the contractor responsible for developing the free billing software package, and if so, does the software need to support both the current HIPAA version and the 5010 version?	The MAC will be responsible for all support aspects associated with claims billing software. CMS currently provides remittance advice software for the Intermediaries and Carriers through FISS and VIPs respectively. At this point, CMS is awaiting the regulatory process to determine the next HIPAA defined version and makes no determination as to when the Secretary of Health and Human Services will adopt the next HIPAA version. However, CMS is requiring the free billing software that MAC(s) migrate to support multiple version of transactions over time.
C41	C.5.3.1.1.1 COTS	In reference to the requirement to edit data to ensure HIPAA compliance, please clarify the level of compliance (WEDI levels 1-7) validation that the translator must perform.	Translation services shall provide the appropriate level of editing so that data entering the shared systems (FISS or MCS) will process in accordance with the Medicare requirements for the specific transaction (claim, claim status inquiry) to be exchanged.

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C43	C.5.5 Provider Enrollment	This section includes the phrase "... qualified individuals and organizations are enrolled in the Medicare Program via the processing of OMB approved CMS-855 applications (either electronic/web based or paper) ...". Does this language mean CMS will permit the bidder to propose an enrollment solution to include a web portal for real-time completion and editing of the CMS-855 application?	The bidder will not be permitted to develop a web proposal. The web enrollment application process is being developed by the PECOS contractor, CGI Federal, and will be implemented through the normal CMS release process for PECOS changes. The projected implementation date for a web enrollment application is September 2007.
C45	C.5.11.3.1 The Medicare Cost Report	In the last paragraph of this section, please confirm the word "insure" should be replaced with "ensure."	Yes, "ensure" is the correct language. The SOW has been revised to reflect this correction.
C47	C.5.4.1.1 Project Manager	The SOW at C.5.4.1.1 Project Manager provides that the Program Manager meet the educational requirements of "A bachelor's degree from an accredited institution, plus a master's degree from an accredited institution or substitution of four (4) additional years of related work experience in lieu of a master's degree." If an offeror has identified an employee with exceptional experience and expertise as the best person to fulfill the responsibilities of the Project Manager position, but that person does not have a bachelor's degree would CMS accept additional substantial, successful and very relevant J1 states' experience, such as an additional ten years of related experience, in lieu of a bachelor's degree?	At this time, the requirement remains as stated in the SOW.

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C48	C.5.3.2.2 Testing	<p>SOW, Section C.5.3.2.2 contains several requirements for the MAC as it pertains to EDI testing:</p> <ul style="list-style-type: none"> Test inbound transaction receipt, translation, front-end editing, and transfer exchange. Test receipt of outbound flat files from the shared system, translation and routing to the appropriate receiver mailboxes. Test new EDI submitters. Test EDI submitters on new HIPAA versions. Test with EDI submitters who switch to billing software not previously tested by the contractor. Support an environment in which the submitters are able to test. <p>Based on this section of the SOW, it appears the intent of the testing is to validate the processes to be used by the MAC, and to support individual providers on a case-by-case basis, as necessary. It does not appear CMS is requiring the MAC to test every single submitter. However, in the MAC Workload Implementation Handbook, Section 5.8.1, it states:</p> <p>"The MAC must allow sufficient time prior to cutover to test EDI submitters to verify that they can accommodate the MAC's front end requirements and bill successfully".</p> <p>This appears to require the MAC to test not just the process, but every EDI submitter to verify each one can bill successfully.</p> <p>Please clarify if the MAC must support testing with all EDI submitters.</p>	<p>CMS issues the MAC Workload Implementation Handbook as guidance material, whereas the SOW and any eventual contractual modifications are binding and shall supersede the Workload Handbook.</p> <p>The MAC must support testing with all EDI submitters. Further clarification is available in the CMS IOM 100-04 Chapter 24 Section 50 – EDI Testing Requirements and Section 60 - Support of EDI Trading Partners at the following web address:</p> <p>http://www.cms.hhs.gov/manuals/downloads/clm104c24.pdf.</p>
C50	C.6.1 Successful Collaboration with Entities Requiring Joint Operating Agreements	Section C.6.1 indicates the Contractor should enter into a Joint Operating Agreement (JOA) with the Recovery Audit Contractor (RAC). For RFP-CMS-2007-0002, what is the expected scope of work for an Affiliated Contractor (AC) in relationship to non-MSP and MSP RAC-related overpayment activities (i.e. number of debts identified by the NY RAC on a monthly basis)? Please advise.	Additional information regarding the JOA between the MAC and the Non-MSP RAC has been added to the SOW (section C.6.1.7). See Amendment no. 000003.
C52	C.5.3.2.1 Telecommunications for Electronic Data Interchange	Please clarify the Individuals Authorized Access to the CMS Computer Services (IACS) function and scope in relationship to the requirement for submitter/receiver enrollment with individual MACs. Does this apply to Network Service Vendors as well?	Any individual that will or could access CMS computer services shall be registered in the IACS database. This does not apply to Network Service Vendors. Offerors shall formulate their responses to this RFP to accommodate this requirement.
C54	C.6.2.2.1 Access to Files, Records, Data and Personnel	Is the Contractor to make all its files, records, data, and personnel available or only those related to this Contract?	This requirement only applies to those files, records, data and personnel related to this contract.
C55	C.5.3.2.1.1. Electronic Data Interchange Enrollment Form	The SOW states, "The Contractor shall utilize the CMS Web-based EDI Enrollment application when that application becomes available". When will the web-based application form become available for use?	Currently, CMS does not anticipate the EDI Enrollment application becoming operational prior to or during the transition period for this award.

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ID	Section	Question	Answer/Action
C57	C.5.1 Workload Implementation Requirements	Regarding the orderly transfer of all Medicare data, records and operations from outgoing Carriers and Intermediaries (segments) within it's jurisdiction in accordance with Jurisdiction Implementation Project Plan. What are current expectations for the backlog loads that will require transfer? Are these figures available for review?	The incoming MAC will assume the workload from the outgoing contractor from the states within each jurisdiction during implementation. These backlog figures will be provided to the incoming contractor during implementation.
C58	C.5.1.5 Segment Test Plan	Segment Test Plan: Can CMS define the purpose and scope of the Segment Test Plan? Is the contractor expected to use automated test tools? How long should the test be?	Offerors are responsible for proposing the testing plan they determine best meets the government's requirements and are directed to Chapter 8 of the workload implementation handbook (attachment J6) for further guidance.
C59	C.5.3.2.3.1 Electronic Data Interchange Outreach Activities	Will the contractor be expected to join WEDI groups?	CMS is not requiring membership in the Workgroup for Electronic Data Interchange (WEDI) both prior to, and following contract award.
C61	C.5.4.4.4 Contractor's Internal Education	Does CMS have minimal standards regarding internal training requirements? For example in other portions of the enterprise the following training is required on an annual basis: Security Awareness Training, Claims Processing etc. Does CMS offer any certification or train the trainer programs to ensure minimum training levels?	Each functional area listed in the SOW may identify specific training requirements in their respective IOMs. Refer to those specific requirements and referenced IOM chapters for further information.
C62	C.5.5.4 Provider Enrollment Appeals	Will Contractors have access to the Medicare Appeals System (MAS)?	No.
C64	C.7.3 Low Vision Demonstration J2 and J13	Will a conference be required to share the demonstration results? Is the reference in this section correct? The IOM Pub. 100-19 refers to the Laboratory Competitive Bidding Demonstration (Second Phase of Implementation), and does not refer anywhere to Low Vision? Please clarify. The same item is also referenced in C.7.4. Rural Community Hospital Demonstration- Jurisdictions One and Two.	IOM Pub 100-19 is the Demonstration Manual, which houses the demonstrations that are not required to be manualized at this point. The IOM reference is to the table of contents which lists the current demonstrations. Low Vision Demo (CR 3816) and Rural Community Hospital Demo (CR 3707) can both be found in the IOM Pub. 100-19 Table of Contents.
C65	C.7.3 Low Vision Demonstration J2 and J13 & C.7.4 Rural Community Hospital Demonstration J1 and J2	The IOM Pub. 100-19 refers to the Laboratory Competitive Bidding Demonstration (Second Phase of Implementation). Question: Is this the correct reference? If not, please provide the correct reference for both demonstrations.	IOM Pub 100-19 is the Demonstration Manual, which houses the demonstrations that are not required to be manualized at this point. The IOM reference is to the table of contents which lists the current demonstrations. The IOM Pub. 100-19 contains references for both phases Laboratory Competitive Bidding Demonstration implementation (CR 5205 and CR 5359) and can be found in the IOM Pub. 100-19 Table of Contents.
C66	C5.23.10 Freedom of Information Act Request	Is the MAC responsible for FOIA in the SOW?	See Amendment no.000003. Yes the A/B MAC will be responsible for Freedom of Information Act (FOIA).

Cycle One RFP 2 Questions from Industry - Section H			
ID	Section	Question	Answer/Action
H1	H.23	This section states that CMS will pay for background investigations on Contractor personnel performing services for CMS under this contract, task order, or delivery order. Given the uncertainty of whether this clause would apply to the awarded contractor, the uncertainty of which of the Contractor positions would be subjected to the various position-sensitivity levels, and the statement that indicates CMS will pay for the background investigations, is the cost of performing each of the needed sensitivity investigations to be included in the cost proposal?	This section is a notification that the contractor will participate in the process of identifying the proper security level of those employees required by CMS to have background checks on file. Costs associated with H.23 should not be included in the business proposal.
H2	H.23	Section H.23 states that "CMS will pay for background investigations" given the specified criteria provided. Has CMS determined what Contractor personnel will be selected to have this type of background investigation performed; or after contract award, will all Contractor positions be analyzed to determine what personnel should undergo the background check? Please advise.	The positions will be analyzed post award in coordination with the contractor. CMS will determine which positions are to be analyzed.
H4	H.14	The Contractor's obligation to provide a Fidelity Bond at the request of the Contracting Officer and in an amount determined by that official is undefined and open ended as to time and amount. Please clarify if any such Bond will be required in the original proposal. Please clarify the response time and criteria for determining the required amounts.	The Contracting Officer will determine the need for a Fidelity Bond after receipt of proposals. The need for a Fidelity Bond, if any, will be based on the Contracting Officer's evaluation of the offeror's proposal. When determining the need for a Fidelity Bond the Contracting Officer may consider an offeror's responsibility and past performance history and other technical and compliance factors. The Contracting Officer will coordinate a reasonable response time with the offeror at the time the need for a Fidelity Bond is determined.
H5	H.3	Conflict of Interest. The contractor is asked to provide a (3) list of current of known future contracts or arrangements, regardless of size with any ... (i) insurance organization or subcontractor of an insurance organization. Please confirm that the term "insurance organization" in the context of this paragraph refers only to health care insurance organizations.	"Insurance Organization" should be construed as it would be in normal business settings – broadly to include all such entities, not just health care related entities

Cycle One RFP 2 Questions from Industry - Section L			
ID	Section	Question	Answer/Action
L4	L.11	If segments have the same timeframe, can they be combined into one SIPP provided the segment does not exceed the two (2) segments in the same month requirement? Please advise.	Yes, segment implementation project plans can be combined as long as they are within a single jurisdiction.
L5	L.11	CMS has prescribed specific workloads for Medical Review for each of the Jurisdictions. Will CMS entertain alternate workloads for the medical review categories that would be based off of data analysis and Medical Review Strategy?	Yes. The "Note" provided for the Medical Review workload states that the workloads are intended to be historical guides; proposal cost estimates should reflect the project workload categories and volumes that result from the implementation of the offeror's Medical Review Strategy.
L6	L.11	CMS has prescribed specific workloads for Medical Review for each of the Jurisdictions. It appears that the workload provided under Routine Medical Reviews should be categorized as Automated Medical Reviews. Please confirm.	The workloads for routine medical reviews are categorized properly.
L8	L.11	The number of cost report reopenings is not reflected in the workload. Does CMS expect a business proposal not considering cost report reopenings in the workload? If not, can CMS provide an estimated number of reopenings for consistency of all bidders?	Since the number of cost report reopenings is contingent on a large number of factors, including provider reopening requests, DOJ settlements, appeals, judgments, etc. CMS does not estimate this workload.
L10	L.11	The workload section for cost report appeals under J1 indicates 120. Please clarify if this means we will receive 120 appeals in the year or we will settle 120 appeals in the year.	This workload includes the number of appeals resolved by the contractor through either cost report settlements and/or administrative solutions.
L12	L.11	The workload section for provider telephone inquiries under J1 for Option Year 1 indicates, 186,684 (Part A) and 3,044,661 (Part B). Do the J1 telephone inquiry workloads include IVR inquiries? If yes, can you provide the percentage of Interactive Voice Response (IVR) telephone inquiries versus CSR telephone inquiries?	Yes, the telephone inquiry workloads include IVR inquiries. We cannot provide a percentage of IVR vs. CSR inquiries since not all contractors in the Jurisdictions being competed offer the same kind of information on their IVRs. Also, the IVR handle rate varies dramatically among contractors. Typically, we estimate that about 50% of overall call volume is handled by the IVR. The actual number of calls that can be automated is dependent on the type of IVR used by the bidder (i.e. touch tone or speech recognition) and the information that is available through the IVR.
L15	L.11	Assuming the Provider Telephone Inquiries workloads include IVR calls; please indicate the percentage of telephone inquiries that are handled by the IVR and those handled by a CSR. If the number varies between contractors, please indicate an average percentage from all of the contractors.	We cannot provide a percentage of IVR vs. CSR inquiries since not all contractors in the Jurisdictions being competed offer the same kind of information on their IVRs. Also, the IVR handle rate varies dramatically among contractors. Typically, we estimate that about 50% of overall call volume is handled by the IVR. The actual number of calls that can be automated is dependent on the type of IVR used by the bidder (i.e. touch tone or speech recognition) and the information that is available through the IVR.
L16	L.11	Question: Can CMS please clarify whether or not the workload volumes located within MIP MSP Postpay for Part A and Part B were estimated accordingly with the award of the MSP Recovery Contractor (MSPRC)?	Yes, these estimates exclude MSPRC workloads.
L20	L.16	In this section, under "Subcontracts" the RFP requests that: "All proposed subcontractors shall submit a complete cost proposal in the same format as the Contractor's cost proposal. Subcontractors may submit cost proposal showing the breakdown of costs to CMS under separate sealed package," Please clarify what is to be contained in the "cost proposal." Should the subcontractor cost proposal include all or some of the contents of Tab 4 of the Business Proposal?	Subcontractor proposals should include all the information requested at Section L.16.4 TAB 4. Subcontractor proposals should use the cost templates provided as Attachment J-28, J-29 and J-30 to the solicitation, as applicable.

Cycle One RFP 2 Questions from Industry - Section L			
ID	Section	Question	Answer/Action
L23	L.11	Proposal Assumptions – Workload for J13 Question/Comment: Does the Changes of Information Workload Figure for Provider Enrollment Part B include reassignments? The SOW includes reassignments as a required activity, but there is not a separate workload figure listed in Section L. Please clarify.	Yes, the changes of information workload figured includes reassignments. There is not a separate workload figure.
L24	L.16	Business Proposal Instructions; TAB 4; Subcontracts (bullet on page 123) and TAB 5 (2) Subcontracts on page 124. Also Section G.8 Service of Consultants/Subcontractors: Question/Comment: The reference above in TAB 4 regarding Subcontracts states: "All proposed subcontractors shall submit a complete cost proposal in the same format as the Contractor's cost proposal. Subcontractors may submit cost proposal showing breakdown of costs to CMS under separate sealed packages." In addition, TAB 5 sub section (2) entitled "Subcontracts" indicates the elements (a through e) that the contractor's proposal shall include for its subcontractors. Please provide clarification to its definition of the term Subcontract and describe what conditions would qualify as a Subcontract that would require the completion of complete cost proposal, as required by TAB 4, as well as items a through e as required by TAB 5 subsection (2)?	FAR 52.244-2 provides that "Subcontract" means any contract, as defined in FAR Subpart 2.1, entered into by a subcontractor to furnish supplies or services for performance of the prime contract or a subcontract. It includes, but is not limited to, purchase orders, and changes and modifications to purchase orders.
L26	L.16	Business Proposal Instructions; TAB 4; Subcontracts (bullet on page 123) and TAB 5 (2) Subcontracts on page 124. Also Section G.8 Service of Consultants/Subcontractors: Questions/Comment: Contractors may also enter into arrangements with consultants and other contract labor personnel for a wide range of activities. Section G.8 (a) states, "For purposes of this contract, consultants are considered subcontractors." Is any proposed usage of a consultant considered a Subcontractor and therefore subject to the instructions of TAB 4 and 5 of the section L.16 (which requires the submission of a complete cost proposal)?	Any proposed usage of a consultant is considered a subcontract if the costs associated with the consultant services are proposed to be charged directly to the resultant contract and would therefore be subject to the instructions of TAB 4 and 5 of Section L.16.
L28		Title: Workloads Question/Comment: CERT workload was not provided in section L. Will CMS consider a jurisdiction a cluster?	Yes, each jurisdiction will have its own error rate.
L32	L.11	Please confirm the Part A and B General MSP Inquiry workload volumes provided for Jurisdiction 7. Although J7 is only 44% the size of J1 on a total claims basis, J7's Option Year 1 Part A MSP workload is 11 times larger than J1 (10,072 J-7 General MSP Inquiries versus 890 J-1 General MSP Inquiries) and roughly equivalent for Part B (43,760 J-7 inquiries versus 49,894 J-1 inquiries). J7's 1 inquiry per 770 claims seems out of the ordinary compared to 1 inquiry per 1,500 to 2,200 claims in the other jurisdictions.	Historically , CMS workload reporting indicates a significantly higher ratio of MSP inquiries to claims volume for the Fiscal Intermediaries and Carriers located in A/B MAC Jurisdiction 7.

Cycle One RFP 2 Questions from Industry - Section L			
ID	Section	Question	Answer/Action
L33	L.11	Please confirm the Part B Appeals Written Redeterminations workload volumes provided for Jurisdiction 2. Although J2 has 21% fewer Part B claims, its Option Year 1 Written Redeterminations workload is nearly 3.5 times larger than J7 (207,186 J2 Appeals Written Redeterminations versus 60,475 J7 Appeals Written Redeterminations).	No workload adjustment is required for Part B appeals written redeterminations.
L35	L.16	Tab 4, Subcontracts Bullet. This section states that "all proposed subcontractors shall submit a complete cost proposal in the same format as the Contractor's cost proposal." This Offeror assumes that this requirement consist of the subcontractor completing only the solicitation excel worksheets (Attachments J-28, J-29, J-30) for their portion of the work. Please confirm this assumption.	Subcontracts shall submit a complete cost proposal in the same format as the contractor's proposal; which includes the solicitation excel worksheets and all supporting cost information as instructed in TAB 4 of Section L.16.4.
L36	L.16	Tab 4, Other Direct Costs (ODCs) Bullet. This section references an ODC detail format (Attachment J-31). Attachment J-31 contains only the cost proposal instructions. Please provide the ODC format.	The correct reference is attachment J-32. See amendment no. 000003.
L37	L.16	Tab 4: Information Other than Cost and Pricing Data, Indirect Rates page 123 RFP: " Offerors should be aware that as part of the business proposal" Is it the intent of CMS that all newly formed organizations or organizations using small businesses that have not obtained a provisional rate will be evaluated as a risk regardless of the financial stability of the parent organization? Is it also the intent of CMS to eliminate all small businesses without an approved provisional rate to ensure the Prime's business proposal is not seen to have risk?	The evaluation of the Business Proposal will include a number of elements, to include but not limited to, subcontractors and provisional rates. CMS will make a responsibility determination in accordance with FAR 9.1.
L41	L.16	Reference: Section L.16 Business Proposal Instructions, Tab 4, Other Direct Costs (ODCs) Bullet. This section references an ODC detail format (Attachment J-31). Attachment J-31 contains only the cost proposal instructions. Question: Is an ODC format available? Is so, please provide the ODC format.	The correct reference is attachment J-32. See amendment no. 000003.

Cycle One RFP 2 Questions from Industry - Section M			
ID	Section	Question	Answer/Action
M2	M.3	Please clarify what is meant by 'provider files and the data they will develop' that is stated in bullet 4.e. Is CMS referring to the electronic copy of the cost report?	"Provider files and the data they will develop", refers to all files that are maintained for audit and reimbursement purposes, including cost reports. This would include both paper-based and electronic files.
M3	M.3	Please clarify what is meant by 'handling the provider file transition from outgoing fiscal intermediaries' that is stated in bullet 4.f. Is this referring to the FISS system 'Provider File' or cost report and reimbursement-related files maintained by the outgoing FI or something else? Please clarify.	This is not referring to the FISS provider file, but all files that are maintained for audit and reimbursement purposes, including cost reports. This includes both paper-based and electronic files.
M7	M.3	Please clarify what type of contact will be made with the references (for Tab 4 - Past Performance)? Some clients will only respond to questionnaires over the phone, while others require a 2 week response time. Will questionnaires be used? Will contact be made by email or telephone? What is the required response time period?	The PPEP is basing our evaluation on the "references of those projects identified by the offeror in its proposal under Corporate Experience and information obtained independently by CMS from a variety of public and private sources."
M11	M.3	Tab 1A (Technical Approach Evaluation Criteria/Project Management) states that "the degree to which the project management plan includes procedures and structures that maintain high levels of performance and continuity in management and technical areas will also be evaluated." Section L.13 limits the project management plan to 10 pages. Given the limited page count may we reference procedures within the 10 page limit and include the actual procedures in an Appendix?	At this time, the 10 page limit remains the same and will include all procedures.
M12	M.3	Title: Audit and Reimbursement Question/Comment: Please further define the item listed as "Provides an appropriate approach to handle provider files and the data they will develop". Please provide examples of what represents provider files.	"Provider files and the data they will develop", refers to all files that are maintained for audit and reimbursement purposes, including cost reports. This would include both paper-based and electronic files.
M16	M.3	This Section is currently limited to 10 pages. It is not possible to provide all the detail information you request in this number of pages. Additionally, because each On-Going Operations section must be stand alone, it is very important that we be able to present a comprehensive view of our Project Management approach in the PM Tab. We recommend that CMS: 1) increase the page limit to 25 pages and allow offerors to reference detailed procedures in other parts of the Technical Volume so that we do not have to restate information in more than one place.	At this time, the 10 page limit remains the same.
M21	M.2	Management Controls Proposal Instructions: Quality Control Plan; Documented Procedures and Processes for services to ensure services – p. 148 RFP Is it the intent of CMS that an offer must have established policies and procedures at the time of submission, thus suggesting that a bidder must currently be performing all aspects of the SOW to be considered compliant with this requirement?	No, all qualified organizations will be considered. If policies and procedures are not already in place, submit a summary of planned policies and procedures that will be outlined in the Quality Control Plan.

Cycle One RFP 2 Questions from Industry - Section M			
ID	Section	Question	Answer/Action
M22	M.2	<p>Management Control Proposal Instructions: Information Security Plan; System Security Documentation - Enterprise-level system self-assessment performed – p. 149 RFP</p> <p>Is it the intent of CMS that only contractors that have had an enterprise-level system self-assessment performed will be compliant with this requirement, thus eliminating all newly formed organizations?</p>	No, all qualified organizations will be considered. If an entity has not processed claims for Medicare, it must perform/provide the requested documents/products to prove it is or will be compliant with CMS security requirements and has or will have a security program in place.
M25	M.3	<p>Tab 3 – Management Controls Evaluations Criteria: CIO Attestation to compliance with Plan (Security) submitted at Proposal time.</p> <p>Question: If an organization does not have a CIO is CMS indicating that only organizations with existing CIO and existing Security Plans are eligible for award?</p>	Per section C.5.4.1.6 of the SOW, the contractor is required to identify a Chief Information Officer. Furthermore, Section M.3. specifically states under key personnel that a letter of commitment must be submitted with the proposal for all key personnel. All qualified organizations will be considered.